

Incident Number:

# DEPARTMENT OF HOMELAND SECURITY U.S. Customs and Border Protection

Date Printed: 10/25/2012 Subject: Unknown et al

Event No.:

# REPORTABLE USE OF FORCE INCIDENT DATA

Orig. SIR No.:

# **SECTION A - INCIDENT IDENTIFICATION INFORMATION**

Incident Title:

(b) (7)(E)		_(h)_(	7)(F)		(b) (7)(	E)	(b) (7)(E)	
(b) (7)(E) (b) (7)(E)  Office: Owning Organization:			R <sub>f</sub>	Reporting Official:				
		Sector/El Paso	l.	(b) (6), (b) (7)(C)				
Patrol			•					
				9:	elephone Number: 15 - <sup>(b)</sup> (6), (b) (7)(	C)		
Type of Incident:					Loca	Time / Day /	Date of Incident:	
X Firearm	Intermed	iate Device	Other		18:	30 Monda	ay 1/18/2010	
	ber of Invo		Other Offices / Agencies	Involved:				
	NCIDE	NT LOC	ATION INFORMAT		State:	<u></u>	County:	
Address: (b) (7)(E	=\			City: El Paso	TX		USA	
ZIP Code:	Count	94:		EI Faso	Longitude:		Latitude:	
79905	US	y.			Longitude:	(b) (7)(E		
		<u> </u>						
Character of Premis		nul at ad	Station/Institu	tion Outdoo	rc			
	cery Po	puraced,	Station/institu	cron, oucdoo	1.5			
Illumination:								
If Natural Illuminatio	n:		llumination:					
Night Environmental Cond	lisia mar.	street	Lights, Poor ligh	icing	- · · · · · · · · · · · · · · · · · · ·		Estimated Ambient	
Environmental Cont	nuons.						Temperature (OF):	
Dry, Calm							68	
While conduct at him from a up agent arri subjects. On (b) (7)(E) kinetic impact be assaulted at one of the the round imp	ing off n eleva ved and e 15 pr w t was a the pri four s acted t topped,	icial du ted posi deploye ojectile ere expe cheived mary age ubjects he raise	ition on the Mexical and projectiles and agazine of the agent on any of the succept went to his so who was throwing	can side of from the FN (b) (7) ts adressed bjects with ervice issue rocks. The which the s	the river / -303 as they (E) the threat. the (b) (7)(E). d firearm, agent who f ubjects were	internation were bein , and one Agents co As both a (b) (7)(E) ired the rusing as	ng rocked by the four magazine of 15 (b) (7)(E) ould not verify if agents continued to and fired one shot round verified that cover. The assault	

# SECTION C - INVOLVED OFFICER / AGENT INFORMATION

Name:			Title:			ice EOD	ocation EOD:		
(b) (6), (b) (7)(C)			Border Patrol Agent			(b)	(6), (b) (7)(	<b>C</b> )	
Duty Location:	. h / D ] . D	- <b>Chabia</b> -							
El Paso Sec	ctor/El Pas		<del></del>		<del></del>	Heigh	t: IMeight:	· IAge:	
Sex:	Female	Hand Usage:    Height:   Weight:   Age:							
	remate	X Right-Handed Left-Handed  Attire: Total YEARS Law Enforcement Experience: Wearing Body Armor:							
Duty Status:  X On Duty	Off Duty	× Uniformed	Plain Clothes	Federal:		Local:		· —	
		Officialied	T lant olotiles	i caciai.	4 Glate. 0	LUGUI.	<u> </u>	·	
Operational Acti	vity:								
Linewatch									
SECTION D	- INVOLVE	ED OFFICER	R / AGENT INJUR	RY INFO	RMATION				
Injured:									
Yes	☐ No								
Describe Any In	volved Officer/A	gent Injuries or C	Other Needed Information	n:			•		
None									
Referred for Add	ditional Medical	Attention:							
Yes Yes	No								
SECTION E	WEADO	NG HGED BY	Y OFFICER / AGE	=NIT					
Firearm Inform		13 03ED B	T OFFICER / AGE	_141					
Ownership:	СВР	Person	Last Qualificati	on Date:		Qualific	cation Score:		
Serial Number:		Manufacture			Model Name/Number			Caliber:	
Type:				Round Ty	pe (if Shotgun):			Rounds Fired:	
Firearm Shooti	ng Information	:		1-				-	
Posture:				Posture Orientation:					
Cover Usage:				Weapon	Grin:				
Cover couge.	Tover osage.								
Target Elevation: Aiming Method:									
Firing Mode:					Estimated Distance (Express in Yards):				
N					Minimum: 0 Maximum: 0				
Collateral Damage: Bystander / Other Person(s) Hit Property Damaged									
Comments Concerning Collateral Damage:									
l									
1									

SECTION E (Continuation) - WEAI	LON2 OSED BA	OFFICER	AGENI		
Intermediate Device Information:			<del></del>	· · · · · · · · · · · · · · · · · · ·	
Device:	Device Type:				
(b) (7)(E)	Kinetic	Kinetic Impact			
Description:					
Intermediate Device Deployment Information:					
Posture:		Posture Orie			
Standing		Facing S		·····	
Cover Usage:		Weapon Gri	p:		
No Cover					
Target Elevation:		Aiming Meth			
At/Above Eye Level			Sight Aim		
Firing Mode:		Minimum:	istance (Express in Ya 30	Maximum: 40	
Did Collateral Contamination Occur?:  Yes No Unknown		Time Neede	d for Decontamination	(Express in Minutes): than 20	
Collateral Damage: Bystander / Other F	Porcon(a) Hit Pro	perty Damaged			
Comments Concerning Collateral Damage:	erson(s) riit Prop	Perty Damageu			
Comments Concerning Conateral Damage.					
					•
Other Force Information:					
Other Force Information: Device Type:	Description:				
Device Type.	Description.				
Comments:					
Other Force Deployment Information:  Posture:		Posture Orie	entation:		
l'Osture.		l ostare on	Sittation.		
Cover Usage:		Estimated D	Distance (Express in Ya	ards):	
Coron Cougo.		Minimum: Maximum:			
			0	0	
Collateral Damage: Bystander / Other I	Person(s) Hit 🔲 Pro	perty Damageo	d		
Comments Concerning Collateral Damage:					
SECTION F - INVOLVED OFFICER		OTING INF	ORMATION		
(Data Merged with Section E Above	e by weapon)				
<b>SECTION G - INVOLVED OFFICE</b>	R / AGENT TRA	INING INFO	ORMATION		
What Training (in addition to Basic Academy) As		ficer/Agent:			
	(b) (7)(E)				
Training Recommendations:					
1					

#### **SECTION H - SUBJECT INFORMATION** Description of Animal: Reason (Animal): Type: x Person Animal Defense Euthanize Sex: Name (Last, First, Middle): X Male Female Unknown Unknown Wearing Body Armor: Weight: DOB or Age: Height: Unknown Unknown Unknown No Yes Unknown Attire: Deceased × Civilian Paramilitary Police None SECTION I - SUBJECT FIREARM (AND MISC. WEAPONS) INFORMATION Firearm Information: Unknown Round Type (if Shotgun): Type: Shot Slug Other: Rounds Fired: Model Name/Number: Manufacturer: Caliber: Serial Number: × None Add Firearms (Use Supplemental Sheet for Additional Suspect Firearms): See Supplemental Subject Other Weapon Information (NOT Firearm): Rocks SECTION I-A - FORCE / WEAPON(S) USED ON SUBJECT Officer/Agent: Weapon: (b) (6), (b) (7)(C) Kinetic Impact Subject: Unknown Yes X No Effective at Stopping Immediate Threat: Comments: Subjects were at an elevated position with cover available to them. Did Weapon or Device Function Properly / Perform As Expected?: Yes Not Applicable Comments: Referred for Additional Medical Attention: Subject Injured: Yes No Yes No Unknown Unknown

ADDITIONAL CON	MENTS	
	·	
•		
•		

**SUPPLEMENTAL** Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the onginal form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties. SECTION A - INCIDENT IDENTIFICATION INFORMATION Name of Primary Involved Officer / Agent: CBP Reportable Incident Number: Original SIR Number: (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E) SECTION C - INVOLVED OFFICER / AGENT INFORMATION - RAMIREZ, ROBERT R. Name: Title: Service EOD: **Duty Location EOD:** (b) (6), (b) (7)(C) (b) (6), (b) (7)(C) BORDER PATROL AGENT **Duty Location:** El Paso Sector/El Paso Station Weight: Age: Sex: Hand Usage: Height: (b) (6), (b) (7)(C) × Male Female | × Right-Handed Left-Handed Duty Status: Wearing Body Armor: Attire: Total YEARS Law Enforcement Experience: × No × On Duty Off Duty × Uniformed **Plain Clothes** ່ Yes Federal: 4 State: 0 Local: 0 Operational Activity: Linewatch SECTION D - INVOLVED OFFICER / AGENT INJURY INFORMATION - RAMIREZ, ROBERT R. Injured: Yes No Describe Any Involved Officer/Agent Injuries or Other Needed Information: None Referred for Additional Medical Attention: ΠNο Yes

# **SUPPLEMENTAL**

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SECTION A - INC	IDENT IDEN	TIFICATION INFORMATI	ON						
CBP Reportable Incident Number		ber: Original SIR Number	•	Name of Primary Involved Officer / Agent:					
(b) (7)(E)		(b) (7)(E	)	(b) (6), (b) (7)(C)					
SECTION E - \	WEAPONS	S USED BY OFFICE	R / AGENT	_ (	o) (6), (b) (7)(C)				
Firearm Informat	ion:								
Ownership:	× CBP	Personal	Last Qualifica	tion Date:	11/11/2009	Qualification Score:	316		
Serial Number: (b) (6), (b) (7)(C)		Manufacturer: (b) (7)(E)			Model Name/Numbe (b) (7)(E)	r: 	Caliber: (b) (7)(E)		
Туре:				4	ype (if Shotgun):		Rounds Fired:		
Pistol				Other			1		
Firearm Shooting	g Informatio	n:		.,					
Posture:				_	Orientation:				
Kneeling					g Squarely				
Cover Usage:				Weapon Two-h					
No Cover Target Elevation:									
At/Above Eye	Level			Aiming Method: Point Aim					
Firing Mode:	пелет			Estimated Distance (Express in Yards):					
Semi-automat	ic			Minimum: 30   Maximum: 40					
Collateral Damage Comments Conce		Bystander / Other Person(	s) Hit Prop	erty Dama	ged				
	-								
SECTION H -	SUBJECT	INFORMATION -	UNKNOWN						
Type: Reason (Animal): Des  X Person Animal Defense Euthanize					escription of Animal:				
Name (Last, First, UNKNOWN	, Middle):				1	ex:  Male Female	Unknown		
DOB or Age:		Height:	Wei	ight:	w	earing Body Armor:			
Unknown		Unknown	Un)	known		Yes No	□ Unknown		
Attire:		•	i						

Paramilitary Police

None

× Civilian

Deceased

## SUPPLEMENTAL

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Yes

l No

Unknown

Comments:

Subject Injured:

Referred for Additional Medical Attention:

Yes

l No

Unknown

## **SUPPLEMENTAL**

Use this supplement to record involved Officer/Agent firearms and /or Subject weapons that are additional to those shown on the original form. Firearms or other weapons used by ADDITIONAL Involved Officers/Agents and or Subjects should be shown on ADDITIONAL FORMS submitted for those parties. SECTION A - INCIDENT IDENTIFICATION INFORMATION Name of Primary Involved Officer / Agent: CBP Reportable Incident Number: Original SIR Number: (b) (7)(E) (b) (6), (b) (7)(C) (b) (7)(E) SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT -Officer/Agent: Weapon: (b) (6), (b) (7)(C) Kinetic Impact Subject: UNKNOWN ⋉ No Yes Effective at Stopping Immediate Threat: Comments: Subjects were at an elevated position with cover available to them. Yes Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Comments: Referred for Additional Medical Attention: Yes Subject Injured: ່ ∀es No Unknown □No Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - UNKNOWN Weapon: Officer/Agent: (b) (6), (b) (7)(C) (b) (7)(E) Subject: UNKNOWN X Yes Effective at Stopping Immediate Threat: Comments: Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Comments: Referred for Additional Medical Attention: Yes Subject Injured: Yes l No No Unknown Unknown SECTION I-A - OFFICER/AGENT WEAPON(S) USED ON SUBJECT - Unknown Officer/Agent: Weapon: (b) (6), (b) (7)(C) Kinetic Impact Subject: Unknown X No Yes Effective at Stopping Immediate Threat: Comments: Subjects were at an elevated position with cover available to them. Not Applicable Did Weapon or Device Function Properly / Perform As Expected?: Yes No Comments: Subject Injured: Referred for Additional Medical Attention: No Yes Unknown Yes No Unknown

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Yes

No

Not Applicable

Referred for Additional Medical Attention: Yes

Comments: Subjects were at an elevated position with cover available to them.

Unknown

Did Weapon or Device Function Properly / Perform As Expected?:

| No

Yes

Comments:

Subject Injured:

No

Unknown